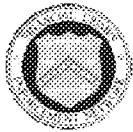


Exhibit 36



Report of Foreign Bank and Financial Accounts

Version Number: 1.0

FinCEN Form 114 OMB No. 1506-0009 Effective October 1, 2013

The FBAR must be received by the Department of Treasury on or before June 30th of the year immediately following the calendar year being reported. The June 30th filing date may not be extended.

Steps to Submit

1. Complete the report in its entirety with all requested or required data known to the filer.
2. Click "Validate" to ensure proper formatting and that all required fields are completed.
3. Sign with PIN.
4. Click "Save"; filers may also "Print" a paper copy for their records.
5. Click "Submit".

Filing name

RJM 2015 FBAR

By providing my PIN, I acknowledge that I am electronically signing the BSA report submitted.

Sign with PIN

#USER_SITE_WARNING#

If this report is being filed late,
select the reason for filing late

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

1 This report is for calendar year ended 12/31 **2015** Amended ☐ Prior Report BSA Identifier

Part I Filer Information

2 Type of filer	Fiduciary or Other	Pension Plan
3 U.S. Taxpayer Identification Number	461910855	
3a TIN type	EIN	
4 Foreign identification		
a Type	<input type="text"/>	<input type="text"/>
b Number	<input type="text"/>	
c Country/Region of issue	<input type="text"/>	
5 Individual's date of birth	<input type="text"/>	
6 Last name or organization's name	RJM Capital Pension Plan Trust	
7 First name	<input type="text"/>	
8 Middle name	<input type="text"/>	
8a Suffix	<input type="text"/>	
9 Address	c/o Kaye Scholer LLP, 250 West 55th Street	
10 City	New York	
11 State	NY	
12 ZIP/postal code	100199710	
13 Country/Region	US	

14a Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes Enter number of accounts

☒ No

If "Yes" is checked do not complete Part II or Part III, but retain records of this information

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

☐ Yes Enter number of accounts

☒ No

If "Yes" is checked Complete Part IV items 34 through 43 for each person on whose behalf the filer has signature authority.

Part II Information on Financial Account(s) Owned Separately 1 of 1

15 Maximum account value	22,000	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	Securities		
17 Financial institution name	Solo Capital Partners LLP		
18 Account number or other designation	RJM01		
19 Address	10 Exchange Square, Primrose Street		
20 City	London	21 State	
22 Foreign postal code	EC2A2EN	23 Country/ Region	GB

Part III Information on Financial Account(s) Owned Jointly 1 of 1**Account Information**

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/ Region	<input type="text"/>
24 Number of joint owners	<input type="text"/>		

Principal Joint Owner Information

25 Taxpayer Identification Number (TIN)	<input type="text"/>	25 a TIN type	<input type="text"/>
26 Last name or organization name	<input type="text"/>		
27 First name	<input type="text"/>		
28 Middle name	<input type="text"/>		
28a Suffix	<input type="text"/>		
29 Address	<input type="text"/>		
30 City	<input type="text"/>	31 State	<input type="text"/>
32 ZIP/postal code	<input type="text"/>	33 Country/ Region	<input type="text"/>

**Part IV Information on Financial Account(s) Where Filer has Signature or Other Authority
but No financial Interest in the Account(s) 1 of 1**

Account Information

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/ Region	<input type="text"/>

Owner Information

34 Last name or organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35 a TIN type	<input type="text"/>
36 First name	<input type="text"/>		
37 Middle name	<input type="text"/>		
37a Suffix	<input type="text"/>		
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text"/>		
43 Filer's title with this owner	<input type="text"/>		

Part V Information on Financial Account(s) Where Filer is Filing a Consolidated Report 1 of 1**Account Information**

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text"/>

Owner Information

34 Organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35 a TIN type	<input type="text"/>
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text"/>		

Signature 44a Click here ☒ if this report is completed by a third party preparer, complete the third party preparer section.

44 Filer signature

Please return to the Home tab to sign with PIN.

45 Filer title

46 Date of signature

(Date of signature will be auto-populated when the report is signed.)

Third Party Preparer Use Only

47 Preparer's last name

Ben-Jacob

48 First name

Michael

49 Middle name/initial

50 Check ☐ if self employed

51 Preparer's TIN

51a TIN type

PTIN

52 Contact phone number

2128368310

52a Extension

53 Firm's name

Kaye Scholer LLP

54 Firm's TIN

131672623

54a TIN type

EIN

55 Address

250 West 55th Street

56 City

New York

57 State

NY

58 ZIP/postal code

100199710

59 Country/Region

US